CLAIMS ONLY

Application Number	Filing Date
16 501386	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4	1						54					
5		1					55					
6		1					56					
7		1					57					
8		2					58					
9							59					
10							60					
11							61					
12							62					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	7						Total Depend					
Total Claims	9						Total Claims					